

NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-007/ Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number BUILDING OWNER'S NAME DRL.LLC Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 6405 Bozman-Neavitt Road ZIP CODE STATE 21652 Neavitt PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map-39, Block-20, Parcel-133 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) SOURCE: GPS (Type): HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) Other: _ USGS Quad Map ☐ NAD 1927 ☐ NAD 1983 (##° - ##' - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE **B2. COUNTY NAME** B1, NFIP COMMUNITY NAME & COMMUNITY NUMBER MD Talbot County 240066 Talbot **B9. BASE FLOOD ELEVATION(S)** B4. MAP AND PANEL 87. FIRM PANEL B5. SUFFIX **B8. FLOOD ZONE(S)** (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE **B6. FIRM INDEX DATE** NUMBER 5/15/1985 5/15/1985 240086 0036 Α B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): FIS Profile **⊠ FIRM** Community Determined NAVD 1968 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12 is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

Yes
No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Building Under Construction^a ☐ Finished Construction C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-I below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD1929 Conversion/Comments Elevation reference mark used 1312 Does the elevation reference mark used appear on the FIRM? Yes X No 10. 4 ft.(m) Embossed Seal, and Date o a) Top of bottom floor (including basement or enclosure) o b) Top of next higher floor NA . __ft(m) N/A . __fL(m) o c) Bottom of lowest horizontal structural member (V zones only) o d) Attached garage (top of slab) N/A. __ft.(m) o e) Lowest elevation of machinery and/or equipment icense Number, Signature, servicing the building (Describe in a Comments area) <u>N/A</u>.__fL(m) o f) Lowest adjacent (finished) grade (LAG) 4.4ft.(m) o g) Highest adjacent (finished) grade (HAG) 4. Zft.(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME William C. Craig LICENSE NUMBER Maryland No. 378 TITLEProfessional Property Line Surveyor COMPANY NAME William C. Craig & Co., LLC ADDRESS CITY STATE ZIP CODE 300/Academy Street, Suite 202 21613 Cambridge MD SIGNATURE DATE TELEPHONE (410) 228-2295

ANT: In these son	ices, copy the corresponding information from	n Section A.	West II	For Insurance Company Use:
IG STREET ADDRESS (Inc	cluding Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AN	D BOXNO.		Policy Number
.6 Bozman-Neavitt Road		ATE	ZIP CODE	Company NAIC Number
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	SECTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTI	FICATION (CONTIN	JED)
Copy both sides of this Elevation	n Certificate for (1) community official, (2) insurance age	nt/company, and (3) bui	iding owner.	
COMMENTS				
	nuction no machinery/equipment has been installed yet.	The structure is a build	ing diagram	
number 5, so no flood vents will	be installed.	0 8		
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SECTION E - BU	ILDING ELEVATION INFORMATION (SURVEY	NOT REQUIRED) F	OR ZONE AO AND	ZONE A (WITHOUT BFE)
	BFE), complete items E1 through E4. If the Elevation			
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	Select the building diagram most similar to the building t	for which this certificate i	s being completed - see	pages 6 and 7. If no diagram accurate
represents the building, provide			.	. Not the first of a discount amounts. When
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	th openings (see page 7), the next higher floor or elevate	ea floor (elevation b) of the	ne outding is TL(m)_	in.(OII) above the highest adjacent
grade. Complete items C3.h		ala miad in accorder	with the community of	Connection management ordinares
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